

**IDPH/Bureau of Radiological Health (BRH)**  
**INSTRUCTIONS FOR COMPLETING THE APPLICATION**  
**FOR REGISTRATION OF OUT-OF-STATE MACHINES FOR TEMPORARY USE**

This application, when properly submitted and processed by the BRH, constitutes registration of the company and x-ray machine(s) in accordance with the Code of Iowa, Chapter 641-39.3(136C). A completed registration consists of the Application for Reciprocity Registration form, the Healing Arts Screening application ( if applicable), and the registration fee of \$100. Registration does not imply approval or disapproval of the unit(s) or the facility.

This registration is not for “on-call” basis machines used at nursing homes or scheduled days at hospitals or clinics. “On-call” basis machines must register under general machine registration.

This registration form is not for mammography units. Mammography units are registered and billed with the MQSA inspection. More information can be found on the mammography website:  
[idph.state.ia.us/mammography/](http://idph.state.ia.us/mammography/)

**GENERAL INSTRUCTIONS**

Online applications will not be available until early 2016.

**INSTRUCTIONS FOR SECTION 1: Organization Information**

Organization name: The name of your facility such as Smith’s Mobile X-ray. If your facility does not have a name, enter the doctor’s name such as Joe Smith, MD.

Email address: The email of the facility where we can contact you easily. Do not use personal emails.

Physical address: The actual address of the facility where the x-ray unit is located.

Phone: The facility phone number where we can contact you easily.

Organizational Representative: The person who we can contact with questions about your application.

Is your physical address the same as your mailing address? If you answer no:

Mailing address: Enter this if your mail is delivered to another address or post office box.

Mailing address phone number: Example: a business office or offsite main organization office.

**Billing information**

If your billing address is different from your physical address OR another person or entity is providing the payment OR the name on the check is different from the organization name, then you must complete the billing information.

If you are writing one check for more than one application, please list the name and address for each location and registration number if one has already been issued.

Organization documentation: A “firm/agency” has a business bank account and EIN number. A “sole proprietorship” operates from a personal bank account and uses a social security number.

**INSTRUCTIONS FOR SECTION 2, Page 1**

1. A “licensed professional” means a person licensed or otherwise authorized by law to practice medicine, osteopathic medicine, podiatry, chiropractic, dentistry, dental hygiene, or veterinary medicine in Iowa.

The person responsible for the radiation safety/control of the facility ensures that the day to day operation of the x-ray portion of the facility follows the Iowa Rules.

2. X-ray machine description. Find the number corresponding to the type of machine from the chart below. Enter the number on the registration form under “Type”.

01 general radiographic	02 general fluoroscopic	03 vertical cassette
04 tomographic	05 angiographic	06 podiatric
07 urologic	09 rad/fluoro combo	10 Head Neck
11 mobile radiographic	12 mobile c-arm	14 CT scanner-whole body
15 vet radiographic	16 Vet fluoroscopic	17 stationary c-arm
18 CT other	19 other medical (specify)	20 panoramic
21 intraoral	22 cephalometric	23 bone densitometry
24 vet CT	25 CT head	26 digital intraoral
27 cone beam CT	28 mobile dental	29 hand-held dental
30 general digital	34 O-Arm mobile	35 Vet dental

Enter the manufacturer, model number, and serial for the control panel. If the panel controls more than one tube, specify the number of tubes the panel controls

3. Location where the machine will be used. Enter the name and address and the dates that the machine will be at this location.

#### INSTRUCTIONS FOR SECTION TWO: page 2

The second page asks questions about how you will meet the requirements to operate your facility. The rules governing x-ray machine can be found on our website. Chapter 39 governs the registration. Chapter 40 has radiation protection requirements. Chapter 41 has equipment and operating requirements. Below are some of the basic requirements:

- a. Administrative controls. The registrant shall be responsible for maintaining the machine in accordance with manufacturer specifications and directing the operation of the x-ray system(s). The registrant shall ensure that the requirements of the rules are met in the operation of the x-ray system.
- b. Changes. The registrant shall notify the agency in writing before making any change which would make the information contained in this application no longer accurate. Notification of changes in the registration can be emailed to [www.charlene.craig@idph.iowa.gov](mailto:www.charlene.craig@idph.iowa.gov) or faxed to 515-281-4529 and should include the manufacturer, model and serial number of the machine.
- c. Radiation Safety Program. Each registrant shall develop, document, and implement a radiation protection program sufficient to ensure compliance with the provisions of Chapter 40. The registrant shall, at intervals not to exceed 12 months, review the radiation protection program content and implementation. See the guide for a radiation protection program on the IDPH website.
- d. Minimum Equipment Tests. Equipment shall have the following minimum tests performed by a registered service provider according to the following schedule:
  - Medical/chiropractic*: timer accuracy, exposure reproducibility, kVp accuracy, and light field/xray field alignment every two years.
  - Dental/podiatry*: timer accuracy, exposure reproducibility and kVp accuracy every four years.
  - Fluoroscopic*: entrance exposure and minimum SSD annually.
  - Veterinary* systems are exempt from the above testing requirements at this time.
  - All position locking, holding, and centering devices shall function as intended.
- e. Operators. (except licensed practitioners)
  - Operators of medical or podiatric x-ray equipment must have a permit issued under Chapter 42.
  - Operators of dental x-ray equipment must meet the requirements of the Iowa Dental Examiners Board.

-Operators of veterinary x-ray equipment must be adequately instructed in the safe operating procedures and be competent in the safe use of the equipment.

- g. Patient Log. Except for veterinary facilities, each facility must maintain an x-ray log containing the patient's name, type of exam, date of exam, name of individual performing the procedure, and the number of exposures and retakes involved. This log may be kept in computer format.
- h. Film Retention. All medical/dental films must be retained for 7 years for patients 18 years or older and 7 years plus the difference between the patient's age and 18 for minors.
- i. Film Badges. Each staff person must wear a film badges if the staff person expected to receive an annual whole body dose of 0.5 rem. If you choose not to have the staff badged, you must be able to calculate the doses annually to prove that your staff is not receiving 0.5 rem per year. All staff members in the room during fluoroscopy must be badged. All staff members who hold a patient or animal must be badged. All declared pregnant women must be badged.
- j. Gonadal shielding must be provided for patients when the gonads are in the useful beam.
- k. Leaded aprons and gloves must be available to provide protection to all patients and personnel involved with the x-ray procedure who are not otherwise shielded.

Based on the above requirements, chose the answers appropriate to your radiation safety/control program for Section 2: page 2.

#### INSTRUCTIONS FOR SECTION 3: Affirmation for a sole proprietor

Section 3 pertains to the sole proprietor named in Section 1. The sole proprietor is the licensed professional and must sign and date Section 3. If the applicant is a firm or agency, skip section 3 and complete section 4.

#### INSTRUCTIONS FOR SECTION 4: Affirmation for firms and agencies

Section 4 should be completed and signed by the organization representative. This could be the doctor or doctor's representative or the director of a clinic, for example.

#### SUBMISSION OF YOUR APPLICATION

Submit Sections 1 and 2 and either section 3 or 4 as applicable of the application form, the \$100, and Application for Healing Arts Screening (if applicable) to:

Iowa Department of Public Health  
Bureau of Radiological Health  
Lucas State Office Building, 5<sup>th</sup> Fl  
321 East 12<sup>th</sup> St, Des Moines, IA 50319-0075.

**Make checks for \$100 payable to IDPH. Online payment is not available currently.**

A validated Notice of Reciprocity Registration/Receipt will be returned to you as acknowledgment of registration.

The registration will expire on the date shown on the Notice of Reciprocity Registration or after 180 days of use in Iowa, whichever comes first. Renewal notices are sent approximately 45 days prior to the date of expiration. A \$25 fee will be assessed for each check returned for insufficient funds.

For questions, please call 515/281-0415; e-mail: [www.charlene.craig@idph.iowa.gov](mailto:www.charlene.craig@idph.iowa.gov)

IOWA DEPARTMENT OF PUBLIC HEALTH  
BUREAU OF RADIOLOGICAL HEALTH

SECTION 2: page 1  
Reciprocity

1.

Iowa licensed practitioner responsible for this facility:	Phone number:
Person responsible for radiation safety/control of the radiation-emitting machine:	Phone number:

Radiation-emitting Machine Description

2.

Type	Control Manufacturer	Control Model #	Control Serial #	Date of Manufacture	Date of Installation

Location where machine will be used

3.

Name of facility:	Contact at Facility:
Address:	Phone number:
City Zip	Email:
Dates machine will be used at this facility:	

Please check the appropriate boxes.

- ☐ My staff will be badged. OR
- ☐ My staff will not be badged. I will calculate the annual radiation dose based on type and frequency of x-ray exposures and keep records of the dose for each of my staff.

Name of operator	Iowa permit to operate number

I have a Radiation Safety Program in place that covers, at a minimum, the items in the instructions for Section 2,  
page 2.

Signature of person responsible for radiation safety/control in Item 1.

Printed name \_\_\_\_\_